



Strafford Fire and Rescue

Box 25 Center Strafford, NH 03815

Business Phone 603-664-2915 ♦ www.straffordfireandrescue.org

Application for Membership

Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. Be advised that applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job related medical condition or handicap.

Application for: FIRE EMS BOTH

Personal Information:

Name _____ **SSN** _____

Sex _____ **Date of Birth** _____ **Marital Status** _____ **US Citizen** YES NO

Mailing Address _____

Physical Address _____

Home Phone _____ **Strafford Resident** YES No **For How Long** _____

Place of Employment _____ **Work Phone** _____

1. Have you ever been convicted of a felony offense? YES NO

If YES please list what offense: _____

2. What type of Driver License do you hold? _____ **Restrictions** _____

3. Have you served or currently active in the U.S. Armed Forces? YES NO

Dates Served _____ Branch _____

Rank at Discharge _____

4. How do you assess your current state of health? _____

5. To the best of your knowledge, are you in good medical condition and able to perform strenuous work under adverse conditions? YES NO

6. Are you currently being treated by a doctor or clinic for any medical condition? YES NO

If YES, Please explain _____

7. Are you willing to undergo a physical exam at your own expense? YES NO

Previous Fire Fighting and/or Emergency Medical Experiences:

1. Department Name _____ Town _____ State _____

Type of Department: CAREER/PAID VOLUNTEER CALL

Active Duty Dates: From _____ To _____ Chief's Name _____

2. Department Name _____ Town _____ State _____

Type of Department: CAREER/PAID VOLUNTEER CALL

Active Duty Dates: From _____ To _____ Chief's Name _____

3. Department Name _____ Town _____ State _____

Type of Department: CAREER/PAID VOLUNTEER CALL

Active Duty Dates: From _____ To _____ Chief's Name _____

Formal Education:

School	Name and Address	Degree or Course of Study	Highest level complete	Did You Graduate
Elementary/Middle			5 6 7 8	YES NO
High School			9 10 11 12	YES NO
College (2 -4 Year)			13 14 15 16	YES NO
Graduate School				YES NO
Other (specify)				YES NO

Schools, Training, and Certifications:

Name: _____ Subject/Degree: _____ Completion Date: _____

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Name: _____ Subject/Degree: _____ Completion Date: _____

Name: _____ Subject/Degree: _____ Completion Date: _____

List any other related skills or training: _____

(Note. Attach a copy of certifications to this Application.)**Employment History:**

List Below all present and past employment, beginning with your most recent.

1.

Name of Company & Address of Company	From	To	Position	Reason for Leaving
Name of Supervisor:				
Phone Number:				

2.

Name of Company & Address of Company	From	To	Position	Reason for Leaving
Name of Supervisor:				
Phone Number:				

3.

Name of Company & Address of Company	From	To	Position	Reason for Leaving
Name of Supervisor:				
Phone Number:				

4.

Name of Company & Address of Company	From	To	Position	Reason for Leaving
Name of Supervisor:				
Phone Number:				

5.

Name of Company & Address of Company	From	To	Position	Reason for Leaving
Name of Supervisor:				
Phone Number:				

May we contact the employers listed above? YES NO

If NO, please indicate below which one(s) you do wish us to contact:_____

Personal References:

Name and Occupation/Relationship	Address	Phone Number
1.		
2.		
3.		

I hereby affirm that all statements on this application are true to my best of knowledge and that any willfully made false statement made herein, could be the basis for my dismissal from the Strafford Fire and Rescue Department.

Signature:_____ Date:_____

DO NOT WRITE BELOW THIS LINE. OFFICAL USE ONLY

Application received on _____ Primary Interest: FIRE EMS

Presented to the membership on _____

Met with the Executive Committee on _____

Voted on by the membership _____ Vote Results _____

Assign to Station _____ Sponsor Member _____

Gear Issued:

Pager# _____ Portable Radio# _____

Turnout gear# _____ Helmet# _____

Fire Boots# _____ Gloves/Flash Hood _____

Wild Land Fire Gear _____ EMS Jacket# _____

Chief's Signature _____ **Date:** _____

STRAFFORD FIRE AND RESCUE

PO BOX 25 Center Strafford, NH 03815

Phone: 603.269.7123 Fax: 603.269.3254

Email: kalor@metrocast.net

Loren Pierce, Chief

Tom Stano, Deputy Chief

I _____ agree to supply the officers of Strafford Fire and Rescue Department with the following information, which will be kept confidential and in my personal folder at the Fire Department central office.

1. Copy of criminal record
2. Copy of driving record

It is further understood that no action will be taken on my application until the above information has been supplied to the officers.

Note. Once the above items have been received by the officers you will be invited to the next regularly scheduled officers meeting for an interview and that your application will be presented to the full membership for consideration and voting at the next business meeting following the officers meeting.

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____